

YOUTH EMPLOYMENT PROGRAM

Date_____

Name _____ Telephone _____

Age _____ Address _____

Sex _____ Birthdate _____

Previous Job Experience _____

Job Interests: Babysitting _____ Mowing _____ Lawn Care (Weeding, Raking) _____

Housecleaning: Dusting _____ Ironing _____ Windows _____

Plant/Animal Care _____ Shoveling Snow _____ Typing _____ Wash Cars _____

Do you have transportation? Yes _____ No _____ Sometimes _____

Have you taken Red Cross Babysitting Training Class?

State any other qualifications _____

THIS REGISTRATION MUST BE SIGNED BY PARENT OR GUARDIAN

Parent/Guardian of _____

gives permission for him/her to work in the Youth Employment Program. I certify with my signature that he/she is at least 12 years of age. I understand that there is no bonding or insurance

of any kind provided for either the children or the employers of this program. I agree that the Town of Brookfield, it's agents and employees shall not in any way be held liable for any injuries sustained by my child while participating in the Youth Employment Program.

[illegible]

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JOB SEEKER-EMPLOYEE

Date	Position
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Name	Address
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Referred to: _____

[illegible]

[illegible]